

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 841642557
APPLICANT(S)

FILED DATE

5-13-04 6-9-05 6-30-05 CLAIMS

	BEFORE ADJUSTMENT		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24	1		1		1	
25	1		1		1	
26	1		1		1	
27	1		1		1	
28	1		1		1	
29		1		1		1
30	1		1		1	
31	1		1		1	
32		2		2		2
33		0		0		3
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		2		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		2		4		2
48		2		2		2
49		2		2		2
50		2		2		2
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	5-13-04		6-9-05		6-30-05	
	NO	DEP	NO	DEP	NO	DEP
51		1		1		1
52		1		1		1
53		1		1		1
54		1		1		1
55		1		1		1
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY